NEW STUDENT KINDERGARTEN ENROLLMENT

KEOKUK COMMUNITY SCHOOL DISTRICT

STUDENT'S LEGAL LAST NAME	STUDENT'S LEGAL FIRST NAME	MIDDLE NAME	DATE OF BIRTH

GENDER ☐ M ☐ F	GRADE ENTERING	NAME OF PRIMARY PARENT/GUARDIAN	RELATIONSHIP TO STUDENT	PHONE NUMBER

ADDRESS OF RESIDENCE	APT. NO.	CITY	ZIP CODE

PARENT/GUARDIAN EMAIL ADDRESS: _____

STUDENT'S SOCIAL SECURITY NUMBER: _____

* Has this student EVER attended Keokuk Community Schools? ☐ YES ☐ NO
* Does this student have an Individual Education Plan (IEP)? ☐ YES ☐ NO
* Does this student have a 504 plan? ☐ YES ☐ NO
* Is the child in foster care? ☐ YES ☐ NO
* Is the child's parents or guardians on active military duty at this time? (Does NOT include National Guard) ☐ YES ☐ NO

Race: The Fed Gov't and State of IA require the maintenance of data by ethnicity. Please check all that apply and circle primary race:

☐ (W) White ☐ (H) Hispanic or Latino ☐ (B) Black or African American

☐ (A) Asian ☐ (I) American Indian or Alaska Native ☐ (P) Native Hawaiian/Other Pac Islander

KINDERGARTEN INFORMATION

* Has your child been referred to or received services from the AEA? ☐ YES ☐ NO
* Did your child attend a pre-school program? ☐ YES ☐ NO

* What pre-school program did your child attend? _____

* Does your child have any allergies, medical conditions, disabilities or other concerns?

_____

_____

* Is there anything else that you feel we should know about your child to help us better understand him/her? Please explain.
(shyness, personal/social traits, recent divorce, death in the family, etc.)

_____

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All participants still need to attend the district-wide registration in August. Information will be advertised in the media regarding time, date, and location of the August registration. Remember to bring your username and password in August to registration in order to sign in to your parent portal account and complete the e-Registration process.

_____ _____ _____

NAME OF ADULT ENROLLING STUDENT (PRINT) SIGNATURE DATE